POV Safety Checklist

Just because your vehicle passed an inspection last time you registered it doesn't mean your car will always be safe. Check your vehicle thoroughly before each trip and use common sense.

	Yes	No
1) Check tires: ensure plenty of tread proper air pressure	____	____
2) Ensure you have a full tank of gas	____	____
3) Windshield wipers are functional	____	____
4) Window washer fluid is full	____	____
5) Ensure all lights: traffic, signal, flashers and interior lights are working	____	____
6) Check oil level Change oil every 3000 miles or every 3 months	____	____
7) Brakes function properly	____	____
8) Safety equipment:		
Seatbelts	____	____
Child Restraints	____	____
First Aid Kit	____	____
Warning Triangle	____	____

Off-Duty Mission Brief

_____

Signature of First Line Leader Briefed

Date ____

Alcohol Safety Tips

1) Don't drink and drive, boat or swim.

2) Use designated driver when going out to drink. If no transportation is available call Staff Duty or MP. You will not be penalized for using common sense. See numbers below.

3) Drink in moderation. Alcohol is poisonous.

4) Do not go to unknown bars and clubs by yourself.

Phone Numbers

Staff Duty: _____

Taxi: _____

Safe Driver's Pledge

I pledge to always make sure everyone in my vehicle buckles up!

I pledge to obey all traffic laws and maintain the proper speed and separation distance for all situations.

I pledge to be a responsible driver.

I pledge to stay alert while driving.

I pledge to never take safety for granted.

I pledge to not drink and drive; I will use a designated driver, call for a ride, find other transportation or make other arrangements if impaired.

USAREUR Off-Duty Risk Assessment Card

Use this card to assess the risks involved in your off duty activity. First, honestly evaluate your personal risk level. Then, analyze the details and characteristics of your planned travel. Inspect you vehicle using the enclosed check list. Upon the completion of your assessment, brief the results to your First Line Supervisor or NC your Chain of Co

Safety Card

Name: _____

Unit: _____

Date: _____

Emergency POC: _____

Emergency Contact #: _____

1st Line Supervisor: _____

(or NCO/Officer who issued you your safety br

Individual Risk Assessment

Risk Factors

(Circle the appropriate categories and corresponding points)

Sex: Female (0 pts)
Male (+5 pts)

Age: < 19 or 34 – 38 yrs (+1 pt)
20 – 23 yrs (+ 6 pts)
24 - 28 yrs (+ 3 pts)
29-33 yrs (+ 2 pts)

Grade: E1, E8-E9, W1, W2, 01 (+ 1 pt)
E2, O2, E6 – E7 (+2 pts)
E3, E5 (+3 pts)
E4 (+ 4 pts)

Driving Record: DUI (+17 pts)
Accident at-fault (+12 pts)
Reckless Driving/Speeding (+7 pts)
(Over 20 MPH)
Moving violation/Speeding (+3 pts)
(Over 10 MPH)

Personnel Concerns: Stress or family problems (+12 pts)
(Death in family/arrest/alcohol or drug abuse/financial problems/counseled for poor performance in past 6 months)

Driving Skills: Less than 3 yrs experience (+3 pts)
Habitually speeds, fails to use (+6 pts)
seat belts, motorcycle helmet
Drives a motorcycle (+8 pts)

Trip Assessment Worksheet

Risk Factors

Destination:

_____

Activity / Purpose:

_____

Distance: _____ **Duration:** _____

Risk : (chart opposite) Low Moderate High Ex High

Time of Departure: _____
____ Low (complete trip prior to 2000 hrs)
____ Moderate (complete trip prior to 2200 hrs)
____ High (complete trip prior to 2400 hrs)
____ Ex High (complete trip after 2400 hrs)

Hours of Sleep in Last 24 hrs: _____
____ Low (7 hrs or more)
____ Moderate (5-7 hrs)
____ High (3-5 hrs)
____ Ex High (less than 3 hrs)

Time of Return: _____
____ Low (complete trip prior to 2000 hrs)
____ Moderate (complete trip prior to 2200 hrs)
____ High (complete trip prior to 2400 hrs)
____ Ex High (complete trip after 2400 hrs)

Hours of Sleep in Last 24 hrs: _____
____ Low (7 hrs or more)
____ Moderate (5-7 hrs)
____ High (3-5 hrs)
____ Ex High (less than 3 hrs)

Risk Assessment Chart

Overall Risk Level: (circle)

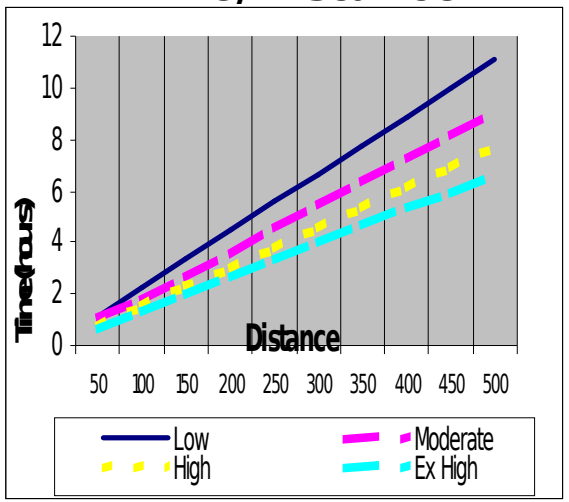
Low Moderate High Ex High

Controls

Alternate Transportation (bus, train)
Assistant Driver

Rest Breaks / Overnight
Additional Leave

Trip Assessment Worksheet Time/Distance



Vehicle Safety Tips

1) Adjust your driving speed for traffic, road conditions and weather.

2) Get plenty of rest before preparing to drive long distances. Fatigue is a major accident cause.

3) Always use your seat belts. Children under 12 years old require child or booster seats. You are responsible to ensure everyone in your vehicle wears their seat belts.

4) Pay ATTENTION! Stay focused on your driving. Don't be distracted by your cell phone, passengers, CD or tape cassette player.

5) Talking on the cell phone while driving is hazardous and against the law.

6) NEVER, EVER drink and drive. Drive defensively, because one in 20 drivers is drunk!